

Application Data Sheet

Application Information

Application number::

Filing Date:: 12/03/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Microfluidic Devic with Multiple Microcoil NMR Detectors

Attorney Docket Number:: 005092.00028

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tim
Middle Name:: L.
Family Name:: Peck
Name Suffix::
City of Residence:: Mahomet
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 404 Northshore Drive
City of mailing address:: Mahomet
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61853

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dean
Middle Name::
Family Name:: Olson
Name Suffix::
City of Residence:: Champaign
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1804 Augusta Drive
City of mailing address:: Champaign
State or Province of mailing address:: IL

Country of mailing address:: US
Postal or Zip Code of mailing address:: 61821

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jim
Middle Name::
Family Name:: Norcross
Name Suffix::
City of Residence:: Champaign
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1813 Winchester Drive

City of mailing address:: Champaign
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 61821

Correspondence Information

Correspondence Customer Number:: 22910

Representative Information

Representative Customer Number:: 22910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/250,874	12/01/00

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Strand
Name Suffix::
City of Residence:: Sherborn
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 16 Nason Hill
City of mailing address:: Sherborn
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01770

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name::
Family Name:: Sweedler
Name Suffix::
City of Residence:: Urbana
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1502 Hillcrest Avenue
City of mailing address:: Urbana
State or Province of mailing address:: IL

Country of mailing address:: US
Postal or Zip Code of mailing address:: 61801

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22910

Representative Information

Representative Customer Number:: 22910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Protasis Corporation
Street of mailing address:: 734 Forest Street
City of mailing address:: Marlborough
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01752